



Kentucky Transportation Cabinet

Division of Motor Carriers

TC 95-605

09/2012

**KENTUCKY TAXICAB AND DISABLED PERSONS VEHICLE
AUTHORITY RENEWAL**

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007

Phone (502) 564-1257 Fax (502) 564-4138 8:00 am – 4:30 pm EST

Walk-ins 8:00 am – 4:00 pm

<http://transportation.ky.gov/Motor-Carriers>

Business name and address:

For Year: _____

Company #: P

Certificate #: _____

ALL TAXICAB AND DISABLED PERSONS VEHICLE AUTHORITIES REQUIRE A CERTIFICATE RENEWAL FEE AND A PER VEHICLE FEE. THE AUTHORITY MUST BE RENEWED BEFORE JANUARY 1 OF EACH CALENDAR YEAR.

FEE CALCULATION:

A. Number of vehicles being renewed: _____ x \$15.00 = \$ _____

B. Certificate renewal fee: _____ + \$ 25.00

C. Prepaid balance credit: _____ - \$ _____

Total = \$ _____

Please make all fees payable to "Kentucky State Treasurer".

Signature required from the legal name listed on the authority if the company is a Sole Proprietorship. If a Corporation, Partnership or Limited Liability Company, the signature of an officer or registered agent listed with the Kentucky Secretary of State is required.

Phone: _____

Print Name: _____ E-mail: _____

Signature: _____ Date: _____

(This application shall be notarized)

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires

Office Use Only
Account codes:

42 Plate Fee	\$	
43 Certificate fee	\$	25.00

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622